

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045925

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA OB GYN GROUP, PLLC

**Current Principal Place of Business:**

4849 LAKE WORTH RD.  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4849 LAKE WORTH RD.  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

JEROLD DRESKIN & CO PA  
430 S CONGRESS AVE  
SUITE 1B  
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEROLD DRESKIN

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BORGELLA, JOEL  
Address: 701 S. OLIVE AVE., SUITE 1427  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL BORGELLA

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date